

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59/628-

FILING DATE

10 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14	/		/			
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25		/		/		
26		/		/		
27		/		/		
28	/			/		
29		/		/		
30		/		/		
31		/		/		
32		/		/		
33		/		/		
34		/		/		
35	/			/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42	/			/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49	/		/			
50		/		/		
TOTAL IND.	12	↓	3	↓		↓
TOTAL DEP.	62	←	17	←		←
TOTAL CLAIMS	74		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61	/			/		
62	/			/		
63		2		/		
64		2		/		
65		2		/		
66	/			/		
67	/			/		
68		/		/		
69		/		/		
70	/			/		
71	/			/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						